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Attorney for Petitioner

**MONTANA FIRST JUDICIAL DISTRICT COURT  
LEWIS AND CLARK COUNTY**

<b>IN THE MATTER OF THE</b>	)	<b>CAUSE NO. CDV-2009-453</b>
<b>LIQUIDATION OF</b>	)	
<b>VALOR INSURANCE</b>	)	<b>NOTICE TO CREDITORS</b>
<b>COMPANY, INC.,</b>	)	<b>AND OTHER CLAIMANTS</b>
	)	
<b>Respondent.</b>	)	

Pursuant to § 33-2-1346(1), Mont. Code Ann. (2007), notice is hereby given that the First Judicial District Court has ordered the liquidation of Valor Insurance Company, Inc. (Valor) by its Order Commencing Liquidation and Appointing Liquidator dated May 27, 2009. This Order also appointed the Commissioner of Insurance, Office of the Montana State Auditor, as the Liquidator of Valor. On June 1, 2009, the Commissioner of Insurance appointed the undersigned, Steven W. Matthews, as the Special Deputy Liquidator to act for her in her capacity as Liquidator and to exercise all powers accorded to her by statute as such Liquidator.

This Notice serves to inform you of certain responsibilities as it relates to your status as a creditor or other claimant against the Valor estate. Please carefully observe the following and retain this Notice for your records:

## **REQUESTING A PROOF OF CLAIM FORM AND INSTRUCTION FOR FILING A COMPLETED PROOF OF CLAIM**

The Court's Order and § 33-2-1342, Mont. Code Ann., fix the rights and liabilities of Valor and its creditors, claimants, and all other persons interested in Valor's estate as of the date of the Order Commencing Liquidation and Appointing Liquidator, May 27, 2009. Executory contracts, including goods and services and suppliers' contracts, were cancelled unless specifically adopted by the Liquidator, with the remedy of filing a Proof of Claim reserved unto the parties providing real damages as general creditors.

Proof of Claim forms may be obtained by contacting Steven W. Matthews, Special Deputy Liquidator, State Auditor's Office, 840 Helena Ave., Helena, MT 59601; phone number (406) 444-2040. Completed Proof of Claim forms, including any supporting documents, should be filed at the same address to the attention of Mr. Matthews.

All claimants have a duty to keep the Special Deputy Liquidator informed of any changes of address.


Notice is also hereby given that coverage for all or part of policy benefits is available through the Montana Insurance Guaranty Association, administered by Western Guaranty Fund Services, in accordance with applicable Montana guaranty statutes.

### **DEADLINE FOR FILING A COMPLETED PROOF OF CLAIM**

**Notice is also hereby given that any person having a claim against the Valor estate is required to file a proper Proof of Claim, with supporting documents, that meets the requirements of § 33-2-1365, Mont. Code Ann., with the Special Deputy Liquidator by August 5, 2009, or said claim will be forever barred.**

Pursuant to § 33-2-1346(4), Mont. Code Ann., the distribution of assets of the insurer under this part is conclusive with respect to all claimants whether or not they receive notice.

Dated this 30<sup>th</sup> day of June, 2009.

  
STEVEN W. MATTHEWS  
Special Deputy Liquidator

CERTIFICATE OF SERVICE

I hereby certify that on the 30<sup>th</sup> day of June, 2009, I served a true and accurate copy of the foregoing document upon the following by US Mail, postage prepaid at the following address:

Jon M. Schneider, President  
National American Insurance Company of California  
c/o Danielson Indemnity Company  
444 W. Ocean Blvd., 18<sup>th</sup> Floor  
Long Beach, CA 90802

Montana Insurance Guaranty Association  
c/o Western Guaranty Fund Services  
Attn: David C. Edwards  
1720 S. Bellaire Street, Suite 408  
Denver, CO 80222

  
State Auditor's Office